Newgate Lodge (EMI) Limited

Newgate Lodge Care Home

Inspection report

Newgate Lane
Mansfield
Nottinghamshire
NG18 2QB

Tel: 01623622322

Date of inspection visit:
01 July 2016

Date of publication:
10 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Newgate Lodge care home is registered for accommodation and personal care for up to 55 people, some of whom live with dementia. The home is situated in Mansfield, a town in North Nottinghamshire. All of the rooms were single rooms with en suite sink and toilets. The home was a two storey building with an enclosed garden. Each floor had two separate dining and lounge and an activity room. At the time of our inspection there were 53 people using the service.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was carried out on 30 June and 1 July 2016 and was unannounced.

Staff understood the types of harm that can take place and were trained to report any incident of harm that people may experience.

Risk assessments were in place in order to support staff with reducing the risk of harm to people.

People were cared for by sufficient staff to support them with their individual needs. The necessary pre-employment checks were completed on staff before they were allowed to start work at the service.

People were supported to take their medicines as prescribed, and medicines were safely managed.

People had sufficient amounts of food and drink that they enjoyed. People were enabled to access a range of health care services and their individual health needs were met.

People's rights to make decisions in relation to their support and care were respected and upheld. Where people were not able to make these decisions, their needs were decided in their best interests.

People were supported by staff who were trained and knowledgeable about their role. The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. When required, DoLS applications had been made to the appropriate authorities to ensure that people's rights were protected.

People were supported by staff that were caring and kind. People and their relatives were involved in creating people's individual care plans.

Care and support was given that was based on people's individual needs by staff who knew them well.

People took part in a wide range of activities and interests, including going outside the home environment. There was a complaints procedure so that any concerns could be listened to and addressed.

People found the registered manager was approachable, and there was an open and caring culture. Staff, people and their relatives were able to make suggestions about the quality of care provided and actions were taken as a result. Regular checks were carried out in order to review and maintain the standard and quality of people's care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their roles and responsibilities with regard to reducing people's risks of harm.

Staff were recruited safely and there were sufficient staff to ensure that people's health and safety needs were met.

People were received their medicines as prescribed. Medicines were stored and disposed of safely and administered correctly.

Is the service effective?

Good

The service was effective.

People were looked after by staff who had the training and skills to do their job.

Mental capacity assessments and best interest decisions were in place when required to protect people's rights.

People's nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

People supported by caring staff and their rights to privacy and dignity were maintained.

People were supported to maintain relationships with their families and other people that were important to them.

People were encouraged to be involved in making decisions about their care where possible.

Is the service responsive?

Good

The service was responsive.

People's individual needs were met by staff who knew and understood their needs, choices and preferences.

People were supported to participate in a varied range of activities, and to access the community.

There was a robust complaints process, which enabled people to raise any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

There were checks and audits in place to monitor and review the quality and safety of people's support and care stop

People were given opportunities to give their views on the quality of care that was provided.

The registered manager had submitted the necessary notifications to the CQC.

Newgate Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 30 June and 1July 2016 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had expertise in older people and people who lived with dementia.

Prior the inspection we contacted the local authority and local Healthwatch team to seek their views. Before the inspection we looked at all of the information that we had about the home. This included information from statutory notifications received by us. A statutory notification is information about important events which the provider is required to tell to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who used the service, four relatives, and three visiting healthcare professionals. We also spoke with two deputy managers, three members of care staff, a senior member of care staff, a member of the administration staff, the activities co-ordinator and a member of the catering staff. We looked at five people's care records and records in relation to the management of the service, and three staff files.

We observed how staff interacted with people to assist us in our understanding of the quality of care people received. We observed a medicine round and people's lunchtime experience. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Newgate Lodge Care Home. One person said, "I feel safe enough here, I'd been alone for years, now there are many people [staff] around you." Another person said, "I'm safe, If I was worried I'd talk to someone [staff]." One relative told us, "Yes, my [family member] is definitely safe here." Another relative commented, "[Family member] is safe here. We have no concerns. [Family member] has been in a couple of other places, this is totally different, it's clean, tidy and there's no smell."

Staff were knowledgeable and trained in recognising and reporting any incidents of harm that people may experience. One staff member said, "If I suspected something was wrong I would document it and report it to the manager straightaway. Another staff member said, "Yes. People are safe. Everyone has individual risk assessments carried out to help keep them safe." Visiting health care professionals we spoke with also confirmed that they thought people were safe. One such professional said, "We never have any concerns here."

People were helped to keep safe by the use of risk assessments, which identified any hazards or risks, and considered ways these could be managed. One staff member commented, "The risk assessments help. We can look at ways to keep people safe. It can be a compromise." We saw risk assessments were in place for different activities, such as assisting people to move safely, whether people were at risk of pressure ulcers, and for reducing the risk of falls. The risk assessments were reviewed every month or sooner if anything changed. For example, we saw a risk assessment for a person who was at high risk of developing pressure sores. The risk assessment gave detailed information on what equipment should be used and what actions staff should take to reduce the risk. This included ensuring the person was repositioned every two hours. Staff confirmed and records showed that this was being done. This demonstrated that the service understood the potential risks to people, and took the relevant actions to reduce these risks as much as possible.

Not everyone had a personal evacuation plan in the event of fire or emergency in place at the time of our visit. The management team explained that these were being implemented across the service. This is a fire safety statutory requirement and is important to ensure that people would be safely evacuated in the event of a fire.

People told us they thought there were enough staff to meet their care and support needs. One person told us, "Staff come within minutes, they check you at night. If the bed is wet they change it at once." Another person said, "Staff come; I'm not usually waiting too long, it depends what they've got on." Staff we spoke with felt the staffing levels were sufficient. One staff member said, "Staffing has improved a lot lately. It was short staffed when I first started but it's fine now." Another staff member said, "Yes, I think we have enough staff. We can still give quality time to people." The owner of the service explained that the registered manager recognised that people's needs were increasing as they grew became more frail, and this invariably meant that staffing levels had to be periodically increased. The owner told us, "We assessed the dependency needs of the people and increase our staffing levels accordingly to make sure we give safe and good quality care." During our inspection, we saw that there were enough staff to respond quickly to people's needs.

The service did not use agency staff, but if staff were on leave, other staff were usually willing to work extra shifts to cover any absences. One staff member told us, "I'll work set hours but I don't mind doing extra shifts when required."

We observed that call bells were answered quickly, and we saw that staff had sufficient time to sit with people as well as completing tasks. This all demonstrated to us that the service had sufficient staff to meet people's individual needs safely.

People were protected from the risk of unsuitable staff because the service had safe recruitment systems in place. We found staff files contained pre-employment checks, including Disclosure and Barring Service (DBS) checks, had been completed. The DBS keep a list of individuals barred from working with vulnerable groups and provide employers with criminal history information. We saw the registered manager had obtained two references and ensured proof of identity for prospective employees prior to employment. We noted an employment checklist was used in each case to ensure all pre-employment checks had been completed. Staff confirmed that these checks had been undertaken before they were allowed to start working at the home. One staff member told us, "I had to have all the checks done before I started work here."

People told us they received their medicines at the right time. One person said, "The nurse comes in for my insulin, but I do it myself, I know the doses." One relative commented, "[Family member] gets [their] medicine; I know it's given regularly." We saw a staff member administering medicines to people. The staff member approached each person in a calm and professional way, and sat alongside the person whilst they took their medicines. It was clear that the staff member understood what each person's medicine was for, and was able to give appropriate explanations to people when necessary. The staff member showed considerable skill and patience when assisting people who were living with dementia to take their medicines, and was able to reassure people about the purpose of their medicines.

We reviewed the administration, storage and disposal of medicines and found all aspects to be safe. The sample review of Medication Administration Records (MARs) identified no errors and we saw that medicines were being signed for after they were taken. When a person refused their medicine, we saw that this was disposed of safely, and the staff member clearly documented this, both in records and on the MAR sheet. Topical creams and eye drops were dated to show when they were opened. One of the GP's confirmed that staff always consulted them if a person refused their medicines regularly so that decisions could be made on how to manage this. Each MAR chart had a photograph of the person on the front and detailed any medicine allergies, as well as giving information about the person's GP. This showed us that practical measures were taken to ensure medicines were safely given to the right person.

Where staff administered medicines, they had received an appropriate level of training and their competence to administer medicines was regularly assessed to ensure they maintained safe working practices.

Good

Is the service effective?

Our findings

People felt that staff had the training, knowledge and skills to provide the care and support they needed. One person said, "They're [staff] trained enough, I had a nasty fall and they looked after me, the carer stayed with me all night at the hospital." One relative commented that staff were well-trained or "They wouldn't be able to do their job and adapt to the individual person." Another relative told us, "The staff know what they are doing. from what I've seen."

Staff told us they had attended training, including induction and refresher training. One staff member said, "I've attended lots of training, for example, food safety, dementia awareness, moving and handling and fire safety." Another staff member told us, "An external trainer comes in to provide the training. We get hand-outs to take home and a quiz to check our understanding. Some training is updated every year." All the staff had completed or were in the process of completing either National Vocational Training NVQ's or Quality Credits Framework (QCF) in social care. The QCF allows staff to undertake training at their pace and convenience and is a nationally recognised qualification in social care. Staff felt the training was helpful in making sure they maintained their skills and knowledge. One staff member said, "I've done loads of courses. I love the training as I like learning. The training has set me up for where I am now."

Some staff had attended specialist courses to enable further understanding of the needs of people living with dementia. One staff member explained about the course called 'The Jewels in Dementia Care.' This course used an analogy of six precious jewels to assist staff understand the different stages of dementia, and how best to support and interact with people at each stage. The staff member said, "This course enabled me to have a greater understanding of dementia. I can relate to every person here in 'The Jewels'. It was so helpful."

Staff spoke positively about the support they received both formally and informally. One staff member said, "My senior is brilliant! I can go straight to them for anything." Another staff member said, "They [the management] check on how we're doing. They tell us about any changes in handovers and supervisions or meetings." Staff told us they had regular supervision and records confirmed this. We saw that a range of issues were discussed in supervision, including any safeguarding, training issues, and any particular issues with people who staff were providing care for.

Staff told us that they received feedback on their performance. One staff member said, "The [registered] manager often comes and observe us." Another staff member said, "One of the deputies does medicine competency checks every six months."

Information was handed over between shifts in a variety of ways. There was a written handover sheet that was used to pass information over and in addition, information such as appointments or visits from health care professionals was recorded in a book which staff could access.

When staff first started working at the home, they were given a four-day induction period and in addition were expected to shadow a senior member of care staff until they were deemed proficient to work alone.

Shadowing is a process where new staff work alongside more experienced staff] One staff member said of their induction, "It told me about the role, and routines and what was expected of me here. We covered things like fire drills, moving and handling; everything that I needed to know really." The owner of the home explained that a training consultancy company was used to deliver training to all staff. The owner said, "The training company send us reminders as to whose training is due. The registered manager also has a matrix, so that we keep a record of when training is due." We saw the training matrix and this demonstrated that staff were receiving regular training updates to make sure there skills and knowledge was up to date.

Staff told us that they felt supported to do their job and this support was provided by the management team and by their team colleagues. The staff advised they received support during one-to-one supervision sessions, during handover sessions and from informal discussions with the registered manager and the deputy managers and care team seniors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA. We found and MCA's had been carried out. Where relevant and best interests decisions had been taken where people lacked capacity to consent to their care and treatment. Where DoLS applications were required, we saw that these had been made appropriately to the relevant local authority.

People were supported to make decisions about their care and support to minimise any risks. Staff were trained and knowledgeable in relation to supporting people in making decisions. A member of care staff said, "If a person can't make the decision themselves, we would act in their best interests. That means working out what's best for that person." Another staff member said, "We would never force anyone to do something they don't want to. Nothing is too much trouble here-the people come first."

This demonstrated that people's freedom and choices were respected, and the service worked within legislation and guidance when people were deemed to lack capacity to make decisions about their care and treatment.

People told us that they had enough to eat and drink and that they were given a choice of meal types and times. One person said, "They [staff] give us good food." Another person commented, "The food's not bad, you get quite a variety and get plenty to drink." Relatives we spoke with made positive comments about the food. One relative stated, "If you had seen my relative, the day we bought them here, they were so thin! Look at them now, such a change!" Another relative said, "I think my [family member] enjoys the meals. They've certainly not lost any weight!" People told us You get a choice of food, they [staff] ask you in the morning."

There was no menu visible, except for a typed four weekly menu on a noticeboard board which was not accessible to the majority of the people living at the home. This meant that people were not able to easily see what meals they were having. The menu was not in a format that would be useful for people living with dementia. Staff asked people what they wanted for lunch during the morning and plated meals were taken to each person. Some people required assistance to eat, and we saw that this support was given at the person's pace, by staff who were respectful and gentle as they were supporting each person.

Where people required specific equipment to help with their eating and drinking, we saw that this was provided, and was suitable for their needs such as adapted cutlery and rimmed plates. There were four separate dining areas and in addition, people were able to have their meals in their room, or in one of the lounges. One of the staff explained that for some people living with dementia, staff had found that they ate better in a smaller room with a staff member eating their lunch alongside. The staff member said, "Some people are distracted, and eat better if we sit and eat with them. It gives special one-to-one time too."

People's weight was regularly monitored, and any risks to their nutrition was evaluated at least monthly. We saw that, where there were any unexpected weight changes, the advice of external professionals, such as the GP and dieticians, was sought in a timely way. One staff member said, "If a person has lost weight, we get the GP to check if they need a dietician or if they have any swallowing difficulties. We also make sure the person is given high calorie foods and snacks and any prescribed supplements."

Staff were aware and it was documented in care records, which people required special diets. One staff member explained, "Some people are on liquidised diets. We make sure they are set up properly. I would ask another carer to help the reposition the person. Then we make sure they are swallowing each mouthful." We saw records which confirmed the home had involved other health care professionals such as GP's, and dieticians, when they had concerns about a person's weight.

The design, layout and decoration of the building was suitable for people's needs. Newgate Lodge was bright and clean and we saw that it was well maintained throughout. There was an attractive walled, secure garden with plenty of seating areas, which people could access freely especially in the warmer months. There was a sensory area which contained herbs and a water fountain.

There was good, dementia friendly signage throughout the home. Each bedroom was styled like a front door, and had each person's name on. Some also had a picture and other information about the person, such as a preferred name. There were memory boxes beside each bedroom door for family or the person to put relevant important items, pictures and other information. This was important as it can help people with memory difficulties to coordinate themselves.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind to them. They were positive about the care staff at Newgate Lodge and the way their care was delivered. One person said, "They're very nice here; they take care of you. I like everything about it." Another person commented, "Staff have been ever so kind to me. I like it here; they're nice people." One person added, "I get on with the staff; I can't fault them. People [staff] who look after us are wonderful, and I'm one who knows." We spoke with relatives who also confirmed that they were happy with the support their family members' received. One relative said, "It's an excellent place, with brilliant staff. They're caring and kind." Another relative added, "The staff are so friendly and caring here."

Staff we spoke with were caring and thoughtful in the way that they described how they supported the people. One staff member told us, "We are genuinely caring here. People have commented that we spend a lot of time with them. As long as people are happy and well looked after, that's what counts." The registered manager contacted us after the inspection as they were on leave at the time of our inspection. The registered manager said, "We always do our very best. Our residents (and many relatives) all receive our support, love and kindness." A visiting professional commented, "Staff here are caring and very much treat people as an individual." Another visiting professional added, "The care for people living with dementia is good here."

We noted that staff were patient and attentive when meeting people's needs. This included when supporting them with their food and drink and when offering people their prescribed medicines. For example, we saw a staff member sit with a person whilst administering the person's medication. The staff member spoke calmly and gently to the person saying, "I don't want to upset you, I just want to give you your medicine."

People told us staff treated them with respect and dignity. We observed staff approaching people with care and concern. One person often became distressed and started crying. Staff gently approached the person, leant down towards them, and tried to distract the person from their distress. Staff used appropriate and sensitive physical contact to comfort people when relevant. Staff spoke quietly and gently to people as they assisted them at meal times, and everyone was offered the opportunity to wipe their hands on a wet wipe before eating their meal.
At lunchtime one person was very sleepy, and we saw care staff assisted the person to have a rest and gave them their meal at a later time. Similarly, people were served breakfast at various times, according to their choice, and preferences
This all confirmed that people were provided with compassionate and considerate care.

We noted a good rapport between people and staff in the home, with gentle intervention, good eye contact, and lots of smiles. There was a relaxed, friendly and affectionate atmosphere with people that was calm, but happy. We saw, and staff told us, that they had had sufficient time to sit and talk with people. Interactions with people were highly person centred. For example, we saw how staff adapted their approach depending upon the mood and needs of each person. People were not rushed, and we saw staff were led by the person's pace.

People and their families were given choices about how they were cared for. This included areas such as when people wanted to get up and go to bed. People were asked if they wanted to take their medicines. Staff were also aware of people's individual preferences and what they preferred staff to call them. One relative said, "I was asked how my relation was, what health problems they had, their likes and dislikes." This demonstrated that people and their families were involved in planning their care.

People felt their privacy and dignity was upheld and maintained. One person said, "Yes, staff respect my privacy. They always knock before they come in." One relative confirmed this, and told us that staff always respectfully took their family member to a private area if any personal support was required. We saw staff knock before entering people's rooms, and asking permission before they carried out any support or care. One staff member said, "When assisting with personal care. I make sure the doors and window blinds are closed. I explain what I'm doing, and make sure the person is comfortable with that." The language used by staff, and contained in people's care plans was caring, appropriate and respectful.

People's care plans were stored securely, so people could be confident that personal information about them was kept safely. The environment also promoted people's privacy and dignity. All bedrooms were single-occupancy only and toilets and bathing facilities were provided with lockable doors.

People were supported to maintain contact with their relatives. Newgate Lodge had protected mealtimes, but other than that people told us and we saw that their relations and friends were free to visit at any time.

There was information on advocacy services available within the home. Advocates are people who are independent, and who support people to make decisions and communicate their views and wishes. At the time of our inspection, no one was using an advocate, but these had been used in the past when required.

Good

Is the service responsive?

Our findings

People said that staff understood their needs and how to respond to them. One person said, "The staff understand what help I need." Relatives we spoke with confirmed this. One relative told us, "The staff understand my relative. They know my relative's needs and they understand them well as a person," Another relative commented, "The staff look after my family member well. They contact me about everything."

Staff we spoke with clearly had a good understanding of the people that they supported, and knew what support individuals needed, and about their background and life histories. One staff member explained how they supported someone who often became very anxious and unsettled. The staff member told us, "We sit and talk to the person, hold their hand and use diversions." Another staff member spoke of how they communicated with the person who had no verbal speech, "You can tell by the person's body language and hand signals what they want." The owner of the home said that staff tended to work on the same unit to ensure that people got to know them well, and for continuity of care."

We saw staff spoke with people in a calm manner using short and clear sentences in a way that people could understand. A visiting health professional stated that staff at Newgate Lodge were very good at proactively raising any concerns, and also follow through on any instructions given by health professionals to support people. The health professional said, "Staff keep us updated. We work well together. The staff are proactive; they don't wait for a problem before they contact us."

Where people were living with dementia, each care plan contained a document called 'This Is Me'. This document contained important information about the person's life history, likes and dislikes, ways of communication, and any particular situations that could cause the person to become anxious.

Each person had their own care plan which gave detailed information on what support they needed and any choices, or preferences they had. Care plans were regularly reviewed and updated to meet people's changing needs and circumstances. We saw that when people were living with dementia, staff still tried to give them choices wherever possible. For example, one staff member said, "[Person's name] has their own routine; what time they like to get up and so on. I try to encourage them to choose their own clothes." This showed that people were getting care that was responsive and personalised to their changing needs.

Before living at the home, people's care and support needs were assessed, and plans planned to implement their individual plan of care and support. When people were the new to the service were offered the opportunity where possible to visit the home before deciding whether they wished to live there full-time.

People were provided with a range of activities and interests that were meaningful to them. People told us their relatives were accompanied on outings from the home by staff. For example, one relative said, "My family member went out for lunch the other day with the staff member and another person. They [staff] are always taking people out here."

There was a dedicated activity coordinator who had trained in Therapeutic Activities for Dementia. The activity coordinator told us how they supported people who were cared for in bed due to their health needs. The activity coordinator said, "I do hand massages, and each person has a sensory blanket." Sensory blankets are made up of different textured materials to give people living with advanced dementia something to explore with their hands. We saw activities advertised such as chair exercises, quizzes, games afternoon and indoor golf.

Each floor had dedicated activity room, and we saw several examples of the different crafts people had been involved in, including a large mural made of glass beads that was hung on a wall. The home had two pet rabbits who were regularly bought into the home for people to touch, stroke and interact with.

In addition, the home celebrated individual events and anniversaries. We saw photographs of a party that had recently been held to commemorate the Queen's birthday. On the day of our inspection, it was a person's birthday, and the home celebrated by preparing a buffet meal and a birthday cake and card for the person.

Care staff also carried out activities on a one-to-one basis with people. We saw a staff member sharing photographs with a person, and saw another staff member encouraging the person to play the keyboard.

The activity coordinator regularly attended meetings and training with activity coordinators from other services in order to share new ideas and promote activities. The activity coordinator had recently been asked to give a presentation at one of these forums, and also told us they exchanged ideas on projects and crafts for people to try.

Use of colours and decoration supported people living with dementia to aid their orientation. This included different coloured bedroom doors and handrails. People said that they did what they wanted to do. One person liked to be in their own room and listening to music. We saw some people on each floor taking part in activities.

There was a complaints procedure in place and information about how to make a complaint was clearly displayed. In addition, each person's room had a copy of the complaints process in an easy read format so that it was accessible to everyone. One person said, "I get treated alright, I'd complain to management if I didn't and they would listen." Another person said, "If I had any worries I'd talk to someone. I'm not backwards in coming forwards." One relative said they were confident in the response from the care home if ever there was a problem. This relative told us, "If there was anything untoward I would knock on the office door." Although there were no complaints at the time of our inspection, staff demonstrated they understood what actions to take in the event of a person making a complaint.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a team of care staff and ancillary staff. People spoke positively about the registered manager and the staff at Newgate Lodge. One relative commented, "I know the [registered] manager sat us down and explained everything when my [family member] first came here." One staff member said, "The home is run brilliantly and all the management staff are approachable." Another person told us, "If I have any problem, I can always go to them [staff/managers] and ask for support."

We saw that people who lived at the home and staff interacted well with the managerial staff and clearly knew them. People and their relatives spoke positively about both the staff and the registered manager. Throughout the inspection the two deputy managers were visible around the home. They were obviously well known people who live there, who all knew them and were at ease with them. People told us they would speak to the registered manager or "knock on the office door" if they had any problems.

Staff told us there was an open and honest culture and they felt confident to make suggestions, raise concerns, and that the registered manager and management team was supportive of them. One staff member said, "The team here are really supportive." Another staff member commented, "I really enjoy working here. I've always wanted to help people; that are what makes me happy." Staff told us that the registered manager had an 'open door' policy which meant that the people and staff could speak to them when they needed to.

The provider of the service sent out annual surveys to people to give them the opportunity to provide feedback on the quality of the service. Information from any feedback was used to make any necessary improvements where possible. The feedback received from the last survey was positive.

There were a number of 'thank you' cards and letters which contained positive feedback on the care provided to people by staff. Some of the comments we saw included, "Thank you for the care that was so professional and compassionate." Another comment said, "You gave dignity, compassion and comfort when it was needed."

People and their relations said there were regular meetings for them to give feedback. One relation said, "I'm always notified of the meetings, staff listen to you." We saw the notes of the meetings available on the noticeboard in the entrance hall. For example, the last meeting had discussed amongst other things, a survey on people's opinions about staff uniforms and name badges. As a result of this, it had been agreed that staff continued to wear the same uniforms, but they name badges changed to badges attached to lanyards as people felt these were easier to see.

The registered manager gave out feedback forms to visiting health care professionals to ensure the quality of the service was maintained. We saw a range of completed surveys, all of which were positive about the care people received, the cleanliness of the home and the leadership of the management.

Staff told us, and we saw records that confirmed that staff meetings were held. The last staff meeting was held in December 2015. A variety of issues were discussed, including staffing and rotas, activities and staff training. One staff member told us that staff meetings took place two or three times per year. The staff member said, "We talk about what we do well, and what we need to improve, if any changes need to be made."

The registered manager notified the CQC of incidents that took place within the home about which they were legally obliged to inform us. This was always done within appropriate timescales. This and other matters, such as reviewing staffing levels and managing the service well, demonstrated that the registered manager understood their role and responsibilities. Staff understood and were comfortable with the whistleblowing policy and procedure. They understood the lines of management responsibility to follow should they have any concerns, and were confident that any concerns would be acted upon. This showed us staff understood this particular aspect of their responsibilities in relation to the safety of people who lived at the home.

We saw and the deputy manager showed us records of the homes quality monitoring processes which were regularly audited by the registered manager. These audits included examples such as those for, medication, health and safety, kitchen hygiene and checks on the services premises. Any improvements required were recorded, such as some following a recent external infection control audit. The registered manager then signed off and dated when these were complete. This showed us that the registered manager constantly strove to maintain and improve the quality of the service.

The owner explained that the registered manager kept up-to-date with current guidance as they had had a subscription for a social care magazine, attended provider forums laid on by the local authority and used resources on the Internet that specialised in health and social care. This showed us that the registered manager and staff kept themselves aware of changes to policies and guidance related to social care.